

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Prosthetic Providers
Orthotic Providers
Managed Care Plans

Memorandum No: 04-18 MAA
Issued: April 15, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

For Information Contact
Toll Free: 1-800-562-6188

**Subject: Prosthetic and Orthotic Devices (P&O): New and Deleted HCPCS Codes,
Policy Changes, and Billing Clarifications**

Retroactive to dates of service on and after April 1, 2004, the Medical Assistance Administration (MAA) has implemented the following changes to MAA's Prosthetic and Orthotic Devices (P&O) Billing Instructions:

- New and deleted HCPCS* codes;
- Policy changes; and
- Billing Clarifications.

New and Deleted HCPCS Codes

The Centers for Medicare and Medicaid (CMS) added and deleted HCPCS codes effective January 2004. MAA has updated its Prosthetic and Orthotic (P&O) Devices fee schedule to reflect these changes.



Note: New HCPCS codes are designated with a “new” icon next to the code. Those HCPCS codes with a “#” symbol in the maximum allowable column are not covered by MAA (also indicated on page C.1 of the billing instructions). All HCPCS codes with a “****” indicator in the licensure column may be provided by a supplier that has a durable medical equipment (DME) or pharmacy provider number as long as all other licensure requirements have been met (also indicated on page D.1 of the billing instructions).

Attached is replacement page D.1/D.2 and the fee schedule (Section G) for MAA's Prosthetic and Orthotic (P&O) Devices Billing Instructions, dated September 2001, reflecting these changes.

Policy Changes

MAA has made changes to prior authorization requirements for P&O devices. These changes include updates to the Washington State Expedited Prior Authorization Criteria Coding List. Attached are pages E.5 and E.6 for MAA's Prosthetic and Orthotic (P&O) Devices Billing Instructions, dated September 2001, reflecting these changes.

Billing Clarifications

The following are billing clarifications that MAA has added to its Prosthetic and Orthotic (P&O) Devices Billing Instructions:

Billing Clarification	Page Number
Reminder: All written prior authorization requests must have a valid prescription attached.	C.2
Added place of service "13" to the description for field "24B" in the instructions for completing HCFA-1500 and HCFA-1500 crossover claims.	I.4 and J.6

Attached are replacement pages C.1/C.2, I.3/I.4, and J.5/J.6 for MAA's Prosthetic and Orthotic (P&O) Devices Billing Instructions, dated September 2001, that reflect these billing clarifications.

To obtain MAA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://hrsa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill your usual and customary charges.

Send reimbursement issues, questions, or comments to:

DME Manager
Professional Reimbursement Section
Division of Business and Finance
PO Box 45510
Olympia, Washington 98504-5510
Fax # (360) 753-9152

Send authorization issues, questions, or comments to:

Durable Medical Equipment Program
Management Unit (DMEPMU)
Division of Medical Management
PO Box 45506
Olympia Washington 98504-5506
1-800-292-8064
Fax # (360) 586-5299

Coverage

What is covered? (Refer to WAC 388-543-1100)

- The Medical Assistance Administration (MAA) covers the P&O devices, repairs, and labor charges listed in the *Fee Schedule* (section H) of this billing instruction.
- MAA covers a replacement prosthesis only when the purchase of a replacement prosthesis is less costly than repairing or modifying a client's current prosthesis. (WAC 388-543-2600[3])



Note: Those HCPCS codes with a “#” symbol in the maximum allowable column of the fee schedule are not covered by MAA.

What are the general conditions of coverage?

(Refer to WAC 388-543-1100)

MAA covers the P&O devices listed in the *Fee Schedule* (section H) of this billing instruction when all of the following apply. The P&O devices must be:

- Medically necessary (see *Definitions* section). The provider or client must submit sufficient objective evidence to establish medical necessity. Information used to establish medical necessity includes, but is not limited to, the following:
 - \ A physiological description of the client's disease, injury, impairment, or other ailment, and any changes in the client's condition written by the prescribing physician, licensed prosthetist and/or orthotist, physical therapist, occupational therapist, or speech therapist; or
 - \ Video and/or photograph(s) of the client demonstrating the impairments and the client's ability to use the requested equipment, when applicable.
- Within the scope of an eligible client's medical care program (see *Client Eligibility* section);
- Within accepted medical or physical medicine community standards of practice;
- Prior authorized (see *Authorization* section);

- Prescribed by a physician or other licensed practitioner of the healing arts and within the scope of his or her practice as defined by state law. The prescription must state the specific item or service requested, diagnosis, prognosis, estimated length of need (weeks or months, not to exceed six months before being reevaluated), and quantity; and
- All written prior authorization requests must include a copy of the prescription upon submittal.
- Billed to the department as the payer of last resort only. MAA does not pay first and then collect from Medicare.



Note: MAA evaluates By Report (BR) items, procedures, or services for medical appropriateness and reimbursement value on a case-by-case basis.

What if a service is covered but considered experimental or has restrictions or limitations? (Refer to WAC 388-543-1100 [3] and [4])

- MAA evaluates a request for a service that is in a covered category, but has been determined to be experimental or investigational as defined by WAC 388-531-0050, under the provisions of WAC 388-501-0165 which relate to medical necessity.
- MAA evaluates a request for a covered service that is subject to limitations or other restrictions and approves such a service beyond those limitations or restrictions when medically necessary, under the standards for covered services in WAC 388-501-0165 (see page F.3 for limitation extensions).

How can I request that equipment/supplies be added to the “covered” list in this billing instruction? (WAC 388-543-1100 [7])

An interested party may request MAA to include new P&O devices and related supplies and services in these billing instructions by sending a written request to MAA’s Quality Utilization Section (see *Important Contacts* section), plus all of the following:

- Manufacturer’s literature;
- Manufacturer’s pricing;
- Clinical research/case studies (including FDA approval, if required); and
- Any additional information the requestor feels is important.

Provider Requirements

What is required from MAA's P&O devices providers?

(Refer to WAC 388-543-1200 [1])

MAA requires a provider who supplies P&O devices and related supplies and services to an MAA client to meet all of the following. The provider must:

- Have a proper business license;
- Have appropriately trained qualified staff;
- Be certified, licensed, and/or bonded, if required, to perform the services billed to MAA. Out-of-state P&O providers must meet their state regulatory requirements; and
- Have an MAA core provider agreement.

Who does MAA reimburse for providing P&O devices and related supplies and services to MAA clients?

(Refer to WAC 388-543-1200 [2])

MAA may reimburse qualified providers for P&O devices, repairs, and related supplies and services on a fee-for-service (FFS) basis as follows:

- Licensed P&O providers who are licensed by the Washington State Department of Health (DOH) in P&O. This does not apply to medical equipment dealers and pharmacies that do not require licensure to provide selected P&O;
- All HCPCS codes with a "****" indicator in the licensure column may be provided by a supplier that has a DME or Pharmacy provider number as long as all other licensure requirements have been met.
- Physicians who provide medical equipment and supplies in the physician's office. MAA may pay separately for medical supplies, subject to the provisions in MAA's Physician's-Related Services (RBRVS) fee schedule; and
- Out-of-state P&O providers who meet their state regulations.



Note: MAA terminates from Medicaid participation any provider who violates program regulations and policies, as described in WAC 388-502-0030. (WAC 388-543-1200 [3])



What records must be kept? (Refer to WAC 388-502-0020)

Enrolled providers must:

- Keep legible, accurate, and complete charts and records to justify the services provided to each client, including, but not limited to:
 - ✓ Patient's name and date of birth;
 - ✓ Dates of service(s);
 - ✓ Name and title of person performing the service, if other than the billing practitioner;
 - ✓ Chief complaint or reason for each visit;
 - ✓ Pertinent medical history;
 - ✓ Pertinent findings on examination;
 - ✓ Medications, equipment, and/or supplies prescribed or provided;
 - ✓ Description of treatment (when applicable);
 - ✓ Recommendations for additional treatments, procedures, or consultations;
 - ✓ X-rays, tests, and results;
 - ✓ Plan of treatment and/or care, and outcome;
 - ✓ Specific claims and payments received for services; and
 - ✓ Any specifically required forms for the provision of P&O devices.
- Assure charts are authenticated by the person who gave the order, provided the care, or performed the observation, examination, assessment, treatment or other service to which the entry pertains.
- Make charts and records available to DSHS, its contractors, and the US Department of Health and Human Services, upon their request, for at least six years from the date of service or more if required by federal or state law or regulation.

**A provider may contact MAA with questions regarding its programs. However, MAA's response is based solely on the information provided to MAA's representative at the time of inquiry, and in no way exempts a provider from following the laws and rules that govern MAA's programs.
(Refer to WAC 388-502-0020[2])**

EPA Criteria Coding List

Code	Criteria	Code	Criteria
PROSTHETICS		ORTHOTICS	
<u>Procedure Code: L5683 & L5681</u>		<u>Procedure Code: L3030</u>	
787	Addition to lower extremity, below knee/above knee, socket insert, suction suspension with or without locking mechanism.	780	Foot insert, removable, formed to patient foot.
Purchase of one (1) L5683 and L5681 per initial, lower extremity prosthesis (one to wash, one to wear) allowed per 12-month period if any of the following criteria are met:		One (1) pair allowed in a 12-month period if one of the following criteria is met:	
1) Short residual limb; 2) Diabetic; or 3) History of skin problems/open sores on stump.		1) Severe arthritis with pain; 2) Flat feet or pes planus with pain; 3) Valgus or varus deformity with pain; 4) Plantar facitis with pain; or 5) Pronation.	
 NOTE: <ol style="list-style-type: none"> If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see <i>Important Contacts</i>) or by calling the authorization toll-free number at 1-800-292-8064. EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the client has already used all EPA in the period allowed under the EPA criteria. EPA is for initial purchase only. It is not to be used for replacements of existing products. 		 NOTE: <ol style="list-style-type: none"> If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see <i>Important Contacts</i>) or by calling the authorization toll-free number at 1-800-292-8064. EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the client has already used all EPA in the period allowed under the EPA criteria. 	
		<u>Procedure Code: 3300L, L3310 & L3320</u>	
		781	Lift, elevation, heel & sole, per inch.
		Allowed for as many inches as required (has to be at least one inch), for a client with a leg length discrepancy, on one shoe per 12-month period.	

Procedure Code: L3334

782 Lift, elevation, heel, per inch

Allowed for as many inches as required (has to be at least one inch), for a client with a leg length discrepancy, on one shoe per 12-month period.

NOTE (for 3300l and L3334):

- 1) Lifts are not covered for less than one (1) inch.
- 2) Lifts are only allowed on one (1) pair of client shoes.
- 3) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 4) EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the client has already used all EPA in the period allowed under the EPA criteria.

Procedure Code: L3000

784 Foot insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each

Purchase of one (1) pair per 12-month period for a client 16 years of age or younger allowed if any of the following criteria are met:

- 1) Required to prevent or correct pronation;
- 2) Required to promote proper foot alignment due to pronation; or
- 3) For ankle stability as required due to an existing medical condition such as hypotonia, Cerebral Palsy, etc.

NOTE:

- 1) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the client has already used all EPA in the period allowed under the EPA criteria.
- 3) If the client only medically requires one orthotic, right or left, prior authorization must be obtained.

Procedure Code: L3215 or L3219

785 Orthopedic footwear, woman's or man's shoes, oxford.

Purchase of one (1) pair per 12-month period allowed if any of the following criteria are met:

- 1) When one or both shoes are attached to a brace;
- 2) When one or both shoes are required to accommodate a brace with the exception of L3030 foot inserts;
- 3) To accommodate a partial foot prosthesis; or
- 4) To accommodate club foot.

NOTE:

- 1) MAA does not allow orthopedic footwear for the following reasons:
 - a) To accommodate L3030 orthotics;
 - b) Bunions;
 - c) Hammer toes;
 - d) Size difference (mismatched shoes); or
 - e) Abnormal sized foot.

Continued on next page |

Fee Schedule

Understanding the fee schedule

- In the P.A. (Prior Authorization) column on the fee schedule:

Y means requires prior authorization; and
Y* means requires prior authorization only for clients 17 years of age and older.
- In the Licensure column on the fee schedule:

Y means licensure required; and
Y** means licensure required if prescribing treatment of scoliosis.
******* means the item can be provided by a DME or Pharmacy provider as long as other licensure requirements have been met.
- **HCPCS codes** that do not have a Medicaid Maximum Allowance established are listed as **By Report (B.R.)** or **Noncovered (#)**.
- Please provide the following documentation for By Report procedures requiring prior approval:
 - (1) A detailed description of the item that will be provided.
 - (2) The procedure code that most closely describes the By Report item. If the item has been modified, note how that was done.
 - (3) If appropriate, the manufacturer's invoice, price list, a catalog with product description, and cost of itemized items.
- **Modifiers:**
 - RT = Right**
 - LT = Left**
 - RP = Replacement**

⚠ **Note: If dispensing new bilateral/single item(s), use modifiers RT, LT, as appropriate. If dispensing replacement for a previous prosthetic(s) or orthotic(s), use modifier RP.**

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
A4280			Adhesive skin support attachment for use with external breast prosthesis, each.	#
A5500			For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	\$66.00
A5501			For diabetics only, fitting (including follow-up) custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	\$190.00
A5503			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	\$33.00
A5504			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedges, per shoe	\$33.00
A5505			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	\$33.00
A5506			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	\$32.00
A5507	Y		For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay or custom molded shoe, per shoe	B.R.
A5508			For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	#

Prosthetic and Orthotic Devices

				April 1, 2004
<u>Procedure</u>				<u>Medicaid</u>
<u>Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Max. Allow.</u>
A5509			For diabetics only, direct formed, molded to foot with external heat source (i.e. heat gun) multiple density insert(s), prefabricated, per shoe	\$33.00
A5510			For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple density insert(s) prefabricated, per shoe	#
A5511			For diabetics only, custom-molded from model of patient's foot, multiple density insert(s), custom-fabricated, per shoe	\$33.00
E1800			Dynamic adjustable elbow extension/flexion device, includes soft interface material	#
E1801			Bi-directional static progressive stretch elbow device with range of motion adjustment, includes cuffs	#
E1802			Dynamic adjustable forearm pronation/supination device, includes soft interface material	#
E1805			Dynamic adjustable wrist extension/flexion device, includes soft interface material	#
E1806			Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs	#
E1810			Dynamic adjustable knee extension/flexion device, includes soft interface material	#
E1811			Bi-directional progressive stretch knee device with range of motion adjustment, includes cuffs	#
E1815			Dynamic adjustable ankle extension/flexion, includes soft interface material	#




Prosthetic and Orthotic Devices

				April 1, 2004 Medicaid Max. Allow.
<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	
E1816			Bi-directional progressive stretch ankle device with range of motion adjustment, includes cuffs	#
E1818			Bi-directional progressive stretch forearm pronation/supination device with range of motion adjustment, includes cuffs	#
E1820			Replacement soft interface material, dynamic adjustable extension/flexion device	#
E1821			Replacement soft interface material/cuffs for bi-directional static progressive stretch device	#
E1825			Dynamic adjustable finger extension/flexion device, includes soft interface material	#
E1830			Dynamic adjustable toe extension/flexion device, includes soft interface material	#
E1840			Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material.	#
K0112			Trunk support device, vest type, with inner frame, prefabricated. <i>Discontinued for dates of service on and after April 1, 2004.</i>	#
K0113			Trunk support device, vest type, without inner frame, prefabricated. <i>Discontinued for dates of service on and after April 1, 2004.</i>	#
K0114			Back support system for use with a wheelchair, with inner frame, prefabricated. <i>Moved to the Wheelchair Fee Schedule in MAA's Wheelchairs, Durable Medical Equipment, and Supplies Billing Instructions.</i>	#

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
K0115			Seating system, back module, posterior-lateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base. <i>Moved to the Wheelchair Fee Schedule in MAA's <u>Wheelchairs, Durable Medical Equipment, and Supplies Billing Instructions.</u></i>	#
K0116			Seating system, combined back and seat module, custom fabricated for attachment to wheelchair base. <i>Moved to the Wheelchair Fee Schedule in MAA's <u>Wheelchairs, Durable Medical Equipment, and Supplies Billing Instructions.</u></i>	#
K0556		¥	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism. <i>Discontinued for dates of service on and after April 1, 2004. Replaced by L5673.</i>	\$574.46
K0557		¥	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism. <i>Discontinued for dates of service on and after April 1, 2004. Replaced by L5679.</i>	\$478.72
K0558	¥	¥	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code K0556 or K0557). See EPA criteria, pages E.5 - E.7. <i>Discontinued for dates of service on and after April 1, 2004. Replaced by L5681.</i>	\$1,035.58

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>April 1, 2004 Medicaid Max. Allow.</u>
K0559	Y	Y	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code K0556 or K0557). See EPA criteria, pages E.5 -- E.7. Discontinued for dates of service on and after April 1, 2004. Replaced by L5683.	\$1,035.58
K0618 		Y	TLSO, Sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction area.	\$603.47
K0619 		Y	TLSO, Sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction.	\$396.93
L0100	Y	Y	Cranial orthosis (helmet), with or without soft interface, molded to patient model	\$435.69
L0110		***	Cranial orthosis (helmet), with or without soft interface, non-molded	\$117.28
L0112 	Y	Y	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	\$1099.77
L0120		***	Cervical, flexible, nonadjustable (foam collar)	\$26.63
L0130		Y	Cervical, flexible, thermoplastic collar, molded to patient	\$148.18
L0140		***	Cervical, semi-rigid, adjustable (plastic collar)	\$64.25
L0150		***	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	\$85.57

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L0160			Cervical, semi-rigid, wire frame occipital/mandibular support	\$117.90
L0170	Y	Y	Cervical, collar, molded to patient model	\$571.88
L0172		***	Cervical, collar, semi-rigid thermoplastic foam, two piece	\$103.21
L0174		***	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension	\$217.30
L0180			Cervical, multiple post collar, occipital/mandibular supports, adjustable	\$316.84
L0190			Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	\$445.76
L0200			Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	\$497.74
L0210		***	Thoracic, rib belt	\$33.33
L0220		***	Thoracic, rib belt, custom fabricated	\$99.18
L0450		Y**	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	\$172.77
L0452			TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	\$1,100.78

Prosthetic and Orthotic Devices

				April 1, 2004
<u>Procedure</u> <u>Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid</u> <u>Max. Allow.</u>
L0454		Y**	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	\$1,117.55
L0456		Y**	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross truck motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment	\$949.54
L0458		Y	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, including fitting and adjustment	\$382.05

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L0460		Y	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, including fitting and adjustment	\$682.82
L0462		Y	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, including fitting and adjustment	\$307.58
L0464		Y	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	\$315.02

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>April 1, 2004 Medicaid Max. Allow.</u>
L0466	Y		TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	\$355.15
L0468	Y**		TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacroccocygeal junction over scapulae, lateral strength provided by pelvic, thoracic and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes filling and adjustment	\$426.29
L0470	Y**		TLSO, triplanar-control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacroccocygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extentions, restricts gross trunk motion in sagittal, coronal, and tranverse planes, produces intracavitary pressure to reduce the load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	\$511.66

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L0472		Y**	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	\$363.35
L0474		Y**	TLSO, triplanar control, rigid posterior frame with flexible soft apron anterior with multiple straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in the sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	\$512.85
L0476		Y**	TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of the LS region, includes straps and closures, prefabricated, includes fitting and adjustment	\$830.31

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L0478	Y	Y	TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of LS region, includes straps and closures, custom fabricated	\$1,082.60
L0480	Y	Y	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	\$1,252.86
L0482	Y	Y	TLSO, triplanar control, one piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	\$1,276.86

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L0484	Y	Y	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	\$1,337.75
L0486	Y	Y	TLSO, triplanar control, two piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	\$1419.28 On-line correction 04-20-04
L0488		Y**	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated includes fitting and adjustment	\$1,181.30
L0490		Y**	TLSO, sagittal-coronal control, one piece rigid plastic shell with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	\$222.28

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L0500		Y**	Lumbar-sacral-orthosis (LSO), flexible, (lumbo sacral support)	\$136.11
L0510		Y** ***	LSO, flexible (lumbo-sacral support), custom fabricated	\$255.93
L0515		Y** ***	LSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated	\$239.40
L0520		Y**	LSO, anterior-posterior-lateral control (Knight, Wilcox types), with apron front	\$371.36
L0530		Y**	LSO, anterior-posterior control (Macausland type), with apron front	\$363.16
L0540		Y**	LSO, lumbar flexion (Williams flexion type)	\$371.14
L0550	Y	Y**	LSO, anterior-posterior-lateral control, molded to patient model	\$1,056.29
L0560	Y	Y	LSO, anterior-posterior-lateral control, molded to patient model, with interface material	\$1,213.26
L0561		Y	LSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated	\$271.24
L0565		Y**	LSO, anterior-posterior-lateral control, custom fitted	\$883.16
L0600		Y** ***	Sacroiliac, flexible (sacroiliac surgical support)	\$90.97
L0610		Y** ***	Sacroiliac, flexible (sacroiliac surgical support), custom fabricated	\$241.43
L0620		Y**	Sacroiliac, semi-rigid (Goldthwaite, Osgood types), with apron front	\$318.97
L0700	Y	Y	CTL SO, anterior-posterior-lateral control, molded to patient model (Minerva type)	\$1,521.85

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L0710	Y	Y	CTL SO, anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	\$1,718.90
L0810		Y	Halo procedure, cervical halo incorporated into jacket vest	\$2,069.69
L0820		Y	Halo procedure, cervical halo incorporated into plaster body jacket	\$2,032.60
L0830	Y	Y	Halo procedure, cervical halo incorporated into Milwaukee type othosis	\$2,851.00
L0860		Y	Addition to halo procedures, magnetic resonance image compatible system	\$917.03
L0861	Y	Y	Addition to halo procedure, replacement liner/interface material	\$169.36
L0960		Y** ***	Torso support, postsurgical support, pads for postsurgical support	\$53.69
L0970		Y** ***	TLSO, corset front	\$86.03
L0972		Y** ***	LSO, corset front	\$77.47
L0974		Y** ***	TLSO, full corset	\$139.44
L0976		Y** ***	LSO, full corset	\$147.36
L0978		***	Axillary crutch extension	\$154.46
L0980		***	Peroneal straps, pair	\$13.98
L0982		***	Stocking supporter grips, set of four (4)	\$13.04
L0984	Y	***	Protective body sock, each	\$51.46

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L0999	Y		Addition to spinal orthosis, not otherwise specified	B.R.
L1000	Y*	Y	CTL SO (Milwaukee), inclusive of furnishing initial orthosis, including model	\$1,830.40
L1005	Y	Y	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	\$2,514.93
L1010		Y	Addition to CTL SO or scoliosis orthosis, axilla sling	\$52.40
L1020		Y	Addition to CTL SO or scoliosis orthosis, kyphosis pad	\$76.83
L1025		Y	Addition to CTL SO or scoliosis orthosis, kyphosis pad, floating	\$93.87
L1030		Y	Addition to CTL SO or scoliosis orthosis, lumbar bolster pad	\$49.19
L1040		Y	Addition to CTL SO or scoliosis orthosis, lumbar or lumbar rib pad	\$72.64
L1050		Y	Addition to CTL SO or scoliosis orthosis, sternal pad	\$77.15
L1060		Y	Addition to CTL SO or scoliosis orthosis, thoracic pad	\$84.83
L1070		Y	Addition to CTL SO or scoliosis orthosis, trapezius sling	\$76.66
L1080		Y	Addition to CTL SO or scoliosis orthosis, outrigger	\$47.39
L1085		Y	Addition to CTL SO or scoliosis orthosis, outrigger, bilateral with vertical extensions	\$123.71
L1090		Y	Addition to CTL SO or scoliosis orthosis, lumbar sling	\$74.81

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L1100		Y	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	\$135.96
L1110	Y*	Y	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	\$224.99
L1120	Y*	Y	Addition to CTLSO or scoliosis orthosis, cover for upright, each	\$37.00
L1200	Y*	Y	TLSO, inclusive of furnishing initial orthosis only	\$1,572.58
L1210		Y	Addition to TLSO, (low profile), lateral thoracic extension	\$196.97
L1220		Y	Addition to TLSO, (low profile), anterior thoracic extension	\$204.01
L1230		Y	Addition to TLSO, (low profile), Milwaukee type superstructure	\$427.91
L1240		Y	Addition to TLSO, (low profile), lumbar derotation pad	\$62.47
L1250		Y	Addition to TLSO, (low profile), anterior ASIS pad	\$57.14
L1260		Y	Addition to TLSO, (low profile), anterior thoracic derotation pad	\$60.32
L1270		Y	Addition to TLSO, (low profile), abdominal pad	\$58.32
L1280		Y	Addition to TLSO, (low profile), rib gusset (elastic), each	\$67.56
L1290		Y	Addition to TLSO, (low profile), lateral trochanteric pad	\$60.44
L1300	Y*	Y	Other scoliosis procedure, body jacket molded to patient model	\$1,271.62

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L1310	Y*	Y	Other scoliosis procedures, postoperative body jacket	\$1,424.31
L1499	Y	Y	Spinal orthosis, not otherwise specified	B.R.
L1500	Y		THKAO, mobility frame (Newington, Parapodium types)	\$1,670.18
L1510			THKAO, standing frame; with or without tray accessories; limit of one per client every 5 years.	\$1,063.94
L1520	Y		THKAO, swivel walker	\$2,076.95
L1600			HO, abduction control of hip joints, flexible, Frejka type, with cover, prefabricated, includes fitting and adjustment	\$97.00
L1610			HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment	\$33.05
L1620			HO, abduction control of hip joints, flexible, (Pavlik Harness), prefabricated, includes fitting and adjustment	\$106.26
L1630		Y	HO, abduction control of hip joints, semi-flexible (Von Rosen type), prefabricated, includes fitting and adjustment	\$137.77
L1640		Y	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	\$363.37
L1650			HO, abduction control of hip joints, static, adjustable, (Ilfled type), prefabricated, includes fitting and adjustment	\$174.28
L1652			Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	\$280.10

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L1660			HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	\$139.61
L1680		Y	HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	\$1,222.90
L1685		Y	HO, abduction control of hip joint, postoperative hip abduction type, custom fabricated	\$895.39
L1686		Y	HO, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	\$696.29
L1690	Y	Y	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	\$1,519.45
L1700	Y	Y	Legg Perthes orthosis (Toronto type), custom fabricated	\$1,236.32
L1710	Y	Y	Legg Perthes orthosis (Newington type), custom fabricated	\$1,495.83
L1720	Y	Y	Legg Perthes orthosis, trilateral (Tachdijan type), custom fabricated	\$1,043.47
L1730		Y	Legg Perthes orthosis (Scottish Rite type), custom fabricated	\$890.31
L1750			Legg Perthes orthosis, Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment	\$148.10
L1755	Y	Y	Legg Perthes orthosis (Patten bottom type), custom fabricated	\$1,191.80



Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L1800		***	KO, elastic with stays, prefabricated, includes fitting and adjustment	\$50.83
L1810		***	KO, elastic with joints, prefabricated, includes fitting and adjustment	\$85.82
L1815		***	KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment	\$88.48
L1820		***	KO, elastic with condylar pads and joints, prefabricated, includes fitting and adjustment	\$108.58
L1825		***	KO, elastic knee cap, prefabricated, includes fitting and adjustment	\$48.35
L1830		***	KO, Immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	\$84.16
L1831			Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	\$231.26
L1832			KO, adjustable knee joints, positional orthosis, rigid support, prefabricated, includes fitting and adjustment	\$457.65
L1834	Y	Y	KO, without knee joints, rigid, custom fabricated	\$584.33
L1836			Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	\$104.84
L1840			KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	\$800.64
L1843			KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment	\$705.03

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L1844	Y		KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated	\$1,583.74
L1845			KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment	\$638.98
L1846	Y		KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated	\$992.62
L1847			KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment	\$451.94
L1850			KO, Swedish type, prefabricated, includes fitting and adjustment	\$241.96
L1855	Y	Y	KO, molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated	\$864.05
L1858	Y	Y	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated	\$999.60
L1860	Y	Y	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	\$987.59
L1870	Y	Y	KO, double upright, thigh and calf lacers, with knee joints, custom fabricated	\$876.27
L1880		Y	KO, double upright, nonmolded thigh and calf cuffs/lacers with knee joints, custom fabricated	\$710.40
L1885			KO, single or double upright, thigh and calf, with functional active resistance control, prefabricated, includes fitting and adjustment. <i>Discontinued for dates of service on and after April 1, 2004.</i>	\$813.10

Prosthetic and Orthotic Devices

				April 1, 2004 Medicaid Max. Allow.
Procedure Code	P.A.	Licensure	Description	
L1900		Y	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	\$223.88
L1901		***	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	\$13.91
L1902		***	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	\$73.68
L1904		Y	AFO, molded ankle gauntlet, custom fabricated	\$353.98
L1906		***	AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment	\$90.53
L1907 		Y	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	\$442.14
L1910			AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	\$254.63
L1920		Y	AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	\$337.30
L1930			Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment	\$207.97
L1940		Y	Ankle foot orthosis, plastic or other material, custom fabricated	\$399.91
L1945	Y	Y	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated. See EPA criteria, pages E.5-E.7.	\$786.31
L1950	Y	Y	AFO, spiral, (IRM type), plastic, custom fabricated	\$747.58
L1951 	Y	Y	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment	\$659.91

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L1960		Y	AFO, posterior solid ankle, plastic, custom fabricated	\$417.24
L1970		Y	AFO, plastic, with ankle joint, custom fabricated	\$556.82
L1971	Y	Y	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	\$368.30
L1980		Y	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated	\$353.33
L1990		Y	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated	\$426.94
L2000		Y	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated	\$1,018.01
L2010		Y	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated	\$918.97
L2020		Y	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated	\$1,171.94
L2030		Y	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), without knee joint, custom fabricated	\$1,009.29
L2035			KAFO, full plastic, static, (pediatric size), prefabricated, includes fitting and adjustment	\$141.40
L2036	Y	Y	KAFO, full plastic, double upright, free knee, custom fabricated	\$1,801.70
L2037	Y	Y	KAFO, full plastic, single upright, free knee, custom fabricated	\$1,486.38

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L2038	Y	Y	KAFO, full plastic, without knee joint, multiaxis ankle, (Lively orthosis or equal), custom fabricated	\$1,252.13
L2039	Y	Y	KAFO, full plastic, single upright, poly-axial hinge, medial lateral rotation control, custom fabricated	\$1,746.26
L2040		Y	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	\$171.99
L2050		Y	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	\$363.67
L2060		Y	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	\$514.90
L2070		Y	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	\$101.23
L2080		Y	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	\$312.12
L2090		Y	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	\$440.10
L2102		Y	AFO, fracture orthosis, tibial fracture cast orthosis, plaster type casting material, custom fabricated. Discontinued for dates of service on and after April 1, 2004.	\$401.26
L2104		Y	AFO, fracture orthosis, tibial fracture cast orthosis, synthetic type casting material, custom fabricated. Discontinued for dates of service on and after April 1, 2004.	\$489.99

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L2106		Y	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	\$527.55
L2108	Y	Y	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	\$902.07
L2112			AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	\$364.13
L2114			AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	\$446.83
L2116			AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	\$535.89
L2122		Y	KAFO, fracture orthosis, femoral fracture cast orthosis, plaster type casting material, custom fabricated. <i>Discontinued for dates of service on and after April 1, 2004.</i>	\$610.66
L2124		Y	KAFO, fracture orthosis, femoral fracture cast orthosis, synthetic type casting material, custom fabricated. <i>Discontinued for dates of service on and after April 1, 2004.</i>	\$729.38
L2126	Y	Y	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	\$901.39
L2128	Y	Y	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	\$1,721.03
L2132			KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	\$607.23

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L2134			KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	\$761.35
L2136			KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	\$890.21
L2180			Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	\$88.15
L2182			Addition to lower extremity fracture orthosis, drop lock knee joint	\$81.12
L2184			Addition to lower extremity fracture orthosis, limited motion knee joint	\$93.25
L2186			Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	\$130.48
L2188			Addition to lower extremity fracture orthosis, quadrilateral brim	\$244.28
L2190			Addition to lower extremity fracture orthosis, waist belt	\$65.74
L2192			Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	\$268.40
L2200			Addition to lower extremity, limited ankle motion, each joint	\$47.72
L2210			Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	\$53.04
L2220			Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	\$72.86
L2230			Addition to lower extremity, split flat caliper stirrups and plate attachment	\$70.91

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L2240			Addition to lower extremity, round caliper and plate attachment	\$63.55
L2250			Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	\$356.64
L2260			Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	\$150.90
L2265			Addition to lower extremity, long tongue stirrup	\$88.65
L2270			Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad	\$53.90
L2275			Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	\$117.73
L2280		Y	Addition to lower extremity, molded inner boot	\$341.37
L2300			Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	\$252.69
L2310			Addition to lower extremity, abduction bar, straight	\$123.47
L2320			Addition to lower extremity, nonmolded lacer	\$197.85
L2330		Y	Addition to lower extremity, lacer molded to patient model	\$349.68
L2335			Addition to lower extremity, anterior swing band	\$187.22
L2340		Y	Addition to lower extremity, pretibial shell, molded to patient model	\$415.45
L2350		Y	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB," "AFO" orthoses)	\$756.71
L2360			Addition to lower extremity, extended steel shank	\$51.93

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L2370			Addition to lower extremity, Patten bottom	\$206.49
L2375			Addition to lower extremity, torsion control, ankle joint and half solid stirrup	\$85.05
L2380			Addition to lower extremity, torsion control, straight knee joint, each joint	\$94.35
L2385			Addition to lower extremity, straight knee joint, heavy duty, each joint	\$100.83
L2390			Addition to lower extremity, offset knee joint, each joint	\$82.40
L2395			Addition to lower extremity, offset knee joint, heavy duty, each joint	\$117.78
L2397			Addition to lower extremity orthosis, suspension sleeve	\$99.48
L2405			Addition to knee joint, drop lock, each joint	\$68.50
L2415			Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	\$95.43
L2425			Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	\$112.64
L2430			Addition to knee joint, ratchet lock for active and progressive extension, each joint	\$112.64
L2435			Addition to knee joint, polycentric joint, each joint	\$152.87
L2492			Addition to knee joint, lift loop for drop lock ring	\$79.60
L2500			Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	\$254.97

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L2510		Y	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	\$621.98
L2520			Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	\$366.43
L2525	Y	Y	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	\$976.79
L2526			Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	\$687.46
L2530			Addition to lower extremity, thigh/weight bearing, lacer, nonmolded	\$184.68
L2540		Y	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	\$401.43
L2550			Addition to lower extremity, thigh/weight bearing, high roll cuff	\$235.90
L2570			Addition to lower extremity, pelvic control, hip joint Clevis type, two position joint, each	\$369.37
L2580			Addition to lower extremity, pelvic control, pelvic sling	\$412.89
L2600			Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	\$179.07
L2610			Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	\$215.81
L2620			Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	\$236.75
L2622			Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	\$230.84

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L2624			Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	\$249.27
L2627	Y	Y	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	\$1,290.44
L2628	Y		Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	\$1,681.54
L2630			Addition to lower extremity, pelvic control, band and belt, unilateral	\$196.90
L2640			Addition to lower extremity, pelvic control, band and belt, bilateral	\$306.87
L2650			Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	\$120.45
L2660			Addition to lower extremity, thoracic control, thoracic band	\$140.30
L2670			Addition to lower extremity, thoracic control, paraspinal uprights	\$132.75
L2680			Addition to lower extremity, thoracic control, lateral support uprights	\$117.80
L2750		Y	Addition to lower extremity orthosis, plating chrome or nickel, per bar	\$73.92
L2755		Y	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment	\$102.68
L2760			Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	\$46.70
L2768	Y	Y	Orthotic side bar disconnect device, per bar	\$102.38

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L2770		Y	Addition to lower extremity orthosis, any material, per bar or joint	\$46.48
L2780		Y	Addition to lower extremity orthosis, noncorrosive finish, per bar	\$67.92
L2785			Addition to lower extremity orthosis, drop lock retainer, each	\$26.34
L2795			Addition to lower extremity orthosis, knee control, full kneecap	\$79.29
L2800			Addition to lower extremity orthosis, knee control, kneecap, medial or lateral pull	\$92.04
L2810			Addition to lower extremity orthosis, knee control, condylar pad	\$58.79
L2820		Y	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	\$65.37
L2830		Y	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	\$70.72
L2840			Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	\$32.89
L2850			Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	\$46.61
L2860			Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each	#
L2999	Y	Y	Lower extremity orthoses, not otherwise specified	B.R.
L3000	Y		Foot insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each See EPA criteria, pages E.5-E.7.	\$176.29
L3001			Foot insert, removable, molded to patient model, Spenco, each.	#

Prosthetic and Orthotic Devices

				April 1, 2004 Medicaid Max. Allow.
<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	
L3002			Foot insert, removable, molded to patient model, Plastazote or equal, each	#
L3003			Foot insert, removable, molded to patient model, silicone gel, each	#
L3010			Foot insert, removable, molded to patient model, longitudinal arch support, each	#
L3020			Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	#
L3030	Y		Foot insert, removable, formed to patient foot, each. See EPA Criteria, pages E.5-E.7.	\$88.15
L3031	Y		Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	BR
L3040			Foot, arch support, removable, premolded, longitudinal, each	#
L3050			Foot, arch support, removable, premolded, metatarsal, each	#
L3060			Foot, arch support, removable, premolded longitudinal/metatarsal, each	#
L3070			Foot, arch support, nonremovable, attached to shoe, longitudinal, each	#
L3080			Foot, arch support, nonremovable, attached to shoe, metatarsal, each	#
L3090			Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each	#
L3100			Hallus-Valgus night dynamic splint	\$59.13
L3140			Foot, abduction rotation bar, including shoes	\$118.07
L3150			Foot, abduction rotation bar, without shoes	\$59.03

Prosthetic and Orthotic Devices

				April 1, 2004 Medicaid Max. Allow.
Procedure Code	P.A.	Licensure	Description	
L3160			Foot, adjustable shoe-styled positioning device	#
L3170	Y		Foot, plastic heel stabilizer	B.R.
L3201			Orthopedic shoe, oxford with supinator or pronator, infant	#
L3202			Orthopedic shoe, oxford with supinator or pronator, child	#
L3203			Orthopedic shoe, oxford with supinator or pronator, junior	#
L3204			Orthopedic shoe, hightop with supinator or pronator, infant	#
L3206			Orthopedic shoe, hightop with supinator or pronator, child	#
L3207			Orthopedic shoe, hightop with supinator or pronator, junior	#
L3208			Surgical boot, each, infant	#
L3209			Surgical boot, each, child	#
L3211			Surgical boot, each, junior	#
L3212			Benesch boot, pair, infant	#
L3213			Benesch boot, pair, child	#
L3214			Benesch boot, pair, junior	#
L3215	Y		Orthopedic footwear, woman's shoes, oxford. See EPA criteria, pages E.5-E.7.	\$84.34
L3216			Orthopedic footwear, woman's shoes, depth inlay	#
L3217			Orthopedic footwear, woman's shoes, hightop, depth inlay	#

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>April 1, 2004 Medicaid Max. Allow.</u>
L3218			Orthopedic footwear, woman's surgical boot, each. <i>Discontinued for dates of service on and after April 1, 2004.</i>	#
L3219	Y		Orthopedic footwear, man's shoes, oxford. See EPA criteria, pages E.5-E.7.	\$97.02
L3221			Orthopedic footwear, man's shoes, depth inlay	#
L3222			Orthopedic footwear, man's shoes, hightop, depth inlay	#
L3223			Orthopedic footwear, man's surgical boot, each. <i>Discontinued for dates of service on and after April 1, 2004.</i>	#
L3224			Orthopedic footwear, woman's shoe, oxford, used as an integral part of brace (orthosis)	#
L3225			Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	#
L3230	Y		Orthopedic footwear, custom shoes, depth inlay	\$277.90
L3250			Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	#
L3251			Foot, shoe molded to patient model, silicone shoe, each	#
L3252			Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	#
L3253			Foot, molded shoe Plastazote (or similar), custom fitted, each	#
L3254			Nonstandard size or width	#
L3255			Nonstandard size or length	#
L3257			Orthopedic footwear, additional charge for split size	#

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L3260			Surgical boot/shoe, each	#
L3265			Plastazote sandal, each	#
L3300			Lift, elevation, heel, tapered to metatarsals, per inch	#
L3310	Y		Lift, elevation, heel and sole, neoprene, per inch. See EPA criteria E.5-E.7.	\$66.69
L3320	Y		Lift, elevation, heel and sole, cork, per inch. See EPA criteria E.5-E.7.	\$66.69
L3330			Lift, elevation, metal extension (skate)	#
L3332			Lift, elevation, inside shoe, tapered, up to one-half inch	#
L3334	Y		Lift, elevation, heel, per inch. See EPA criteria E.5-E.7.	\$49.04
L3340	Y		Heel wedge, SACH	\$50.02
L3350	Y		Heel wedge	\$27.79
L3360	Y		Sole wedge, outside sole	\$50.02
L3370			Sole wedge, between sole	#
L3380			Clubfoot wedge	#
L3390			Outflare wedge	#
L3400	Y		Metatarsal bar wedge, rocker	\$61.13
L3410	Y		Metatarsal bar wedge, between sole	\$50.02
L3420	Y		Full sole and heel wedge, between sole	\$61.13
L3430			Heel, counter, plastic reinforced	\$129.74
L3440			Heel, counter, leather reinforced	#

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L3450			Heel, SACH cushion type	#
L3455			Heel, new leather, standard	#
L3460			Heel, new rubber, standard	#
L3465			Heel, Thomas with wedge	#
L3470			Heel, Thomas extended to ball	#
L3480			Heel, pad and depression for spur	#
L3485			Heel, pad, removable for spur	#
L3500			Orthopedic shoe addition, insole, leather	#
L3510			Orthopedic shoe addition, insole, rubber	#
L3520			Orthopedic shoe addition, insole, felt covered with leather	#
L3530			Orthopedic shoe addition, sole, half	#
L3540			Orthopedic shoe addition, sole, full	#
L3550			Orthopedic shoe addition, toe tap, standard	#
L3560			Orthopedic shoe addition, toe tap, horseshoe	#
L3570			Orthopedic shoe addition, special extension to instep (leather with eyelets)	#
L3580			Orthopedic shoe addition, convert instep to velcro closure	#
L3590			Orthopedic shoe addition, convert firm shoe counter to soft counter	#
L3595			Orthopedic shoe addition, March bar	#
L3600			Transfer of an orthosis from one shoe to another, caliper plate, existing	#

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L3610			Transfer of an orthosis from one shoe to another, caliper plate, new	#
L3620			Transfer of an orthosis from one shoe to another, solid stirrup, existing. (One in a 12-month period allowed without prior authorization)	\$113.30
L3630			Transfer of an orthosis from one shoe to another, solid stirrup, new	#
L3640			Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	#
L3649			Orthopedic shoe, modification, addition or transfer, not otherwise specified	#
L3650		***	SO, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment	\$46.56
L3651		***	Shoulder orthosis, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	\$47.09
L3652		***	Shoulder orthosis, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	\$141.90
L3660		***	SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	\$75.71
L3670		***	SO, acromio/clavicular (canvas and webbing type) , prefabricated, includes fitting and adjustment	\$86.58
L3675			SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	#

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L3677	Y	Y	Shoulder orthosis, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment	B.R.
L3700		***	EO, elastic with stays, prefabricated, includes fitting and adjustment	\$58.06
L3701		***	Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	\$14.56
L3710		***	EO, elastic with metal joints, prefabricated, includes fitting and adjustment	\$91.06
L3720			EO, double upright with forearm/arm cuffs, free motion, custom fabricated	\$575.48
L3730	Y	Y	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	\$774.24
L3740	Y	Y	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	\$790.36
L3760			Elbow orthosis, with adjustable position, locking joints, prefabricated, includes fitting and adjustment, any type	\$357.62
L3762		***	Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment	\$76.89
L3800		Y	WHFO, short opponens, no attachments, custom fabricated	\$195.83
L3805		Y	WHFO, long opponens, no attachments, custom fabricated	\$241.53
L3807			WHFO without joint(s), prefabricated, includes fitting and adjustment, any type	\$178.81
L3810		Y	WHFO, addition to short and long opponens, thumb abduction ("C") Bar	\$47.74

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L3815		Y	WHFO, addition to short and long opponens, second M.P. abduction assist	\$44.32
L3820		Y	WHFO, addition to short and long opponens, I.P. extension assist, with M. P. extension stop	\$76.12
L3825		Y	WHFO, addition to short and long opponens, M.P. extension stop	\$49.42
L3830		Y	WHFO, addition to short and long opponens, M.P. extension assist	\$63.79
L3835		Y	WHFO, addition to short and long opponens, M.P. spring extension assist	\$90.14
L3840		Y	WHFO, addition to short and long opponens, spring swivel thumb	\$46.30
L3845		Y	WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop	\$67.99
L3850		Y	WHO, addition to short and long opponens, action wrist, with dorsiflexion assist	\$85.41
L3855		Y	WHFO, addition to short and long opponens, adjustable M.P. flexion control	\$86.10
L3860		Y	WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.	\$117.86
L3890			Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each	#
L3900		Y	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	\$1,072.74
L3901	Y	Y	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	\$1,326.23

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L3902	Y	Y	WHFO, external powered, compressed gas, custom fabricated	\$1,851.39
L3904	Y	Y	WHFO, external powered, electric, custom fabricated	\$2,157.12
L3906		Y	WHO, wrist gauntlet, molded to patient model, custom fabricated	\$305.26
L3907		Y	WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated	\$374.18
L3908		***	WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustments	\$58.85
L3909		***	Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	\$10.09
L3910			WHFO, Swanson design, prefabricated, includes fitting and adjustments	\$276.30
L3911			Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustments (e.g., neoprene, Lycra)	BR
L3912		***	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustments	\$93.14
L3914		***	WHO, wrist extension cock-up, prefabricated, includes fitting and adjustments	\$73.22
L3916			WHFO, wrist extension cock-up, with outrigger, prefabricated, includes fitting and adjustments	\$99.20
L3917		Y	Hand orthosis, metacarpal fracture orthosis, prefabricated, includes fitting	\$75.54
L3918			HFO, knuckle bender, prefabricated, includes fitting and adjustments	\$62.74
L3920			HFO, knuckle bender, with outrigger, prefabricated, includes fitting and adjustments	\$82.38

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L3922			HFO, knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustments	\$96.04
L3923			HFO, without joint(s), prefabricated, includes fitting and adjustments, any type	\$27.82
L3924			WHFO, Oppenheimer, prefabricated, includes fitting and adjustments	\$104.73
L3926			WHFO, Thomas suspension, prefabricated, includes fitting and adjustments	\$72.68
L3928		***	HFO, finger extension, with clock spring, prefabricated, includes fitting and adjustments	\$46.75
L3930		***	WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustments	\$45.32
L3932		***	FO, safety pin, spring wire, prefabricated, includes fitting and adjustments	\$40.06
L3934		***	FO, safety pin, modified, prefabricated, includes fitting and adjustments	\$47.32
L3936			WHFO, Palmer, prefabricated, includes fitting and adjustments	\$87.49
L3938			WHFO, dorsal wrist, prefabricated, includes fitting and adjustments	\$90.04
L3940			WHFO, dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustments	\$105.58
L3942			HFO, reverse knuckle bender, prefabricated, includes fitting and adjustments	\$57.24
L3944			HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustments	\$77.45
L3946			HFO, composite elastic, prefabricated, includes fitting and adjustments	\$87.04

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L3948			FO, finger knuckle bender, prefabricated, includes fitting and adjustments	\$40.95
L3950			WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustments	\$129.64
L3952			WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustments	\$163.46
L3954			HFO, spreading hand, prefabricated, includes fitting and adjustments	\$89.46
L3956	Y	Y	Addition of joint to upper extremity orthosis, any material; per joint	B.R.
L3960			SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustments	\$608.72
L3962			SEWHO, abduction positioning, Erb's palsey design, prefabricated, includes fitting and adjustments	\$657.81
L3963	Y	Y	SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated	\$1,228.90
L3964			SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustments	#
L3965			SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustments	#
L3966			SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustments	#

Prosthetic and Orthotic Devices

Procedure Code	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	April 1, 2004 Medicaid Max. Allow.
L3968			SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustments	#
L3969	Y		SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustments	\$660.74
L3970			SEO, addition to mobile arm support, elevating proximal arm	\$242.49
L3972			SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	\$142.86
L3974			SEO, addition to mobile arm support, supinator	\$142.55
L3980		***	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustments	\$227.72
L3982			Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustments	\$274.99
L3984			Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustments	\$264.62
L3985		Y	Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated	\$469.09
L3986		Y	Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (example: Colles' fracture), custom fabricated	\$453.76
L3995			Addition to upper extremity orthosis, sock, fracture or equal, each	\$26.74
L3999	Y	Y	Upper limb orthosis, not otherwise specified	B.R.

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L4000	Y	Y	Replace girdle for spinal orthosis (CTL SO or SO)	\$1,090.39
L4010		Y	Replace trilateral socket brim	\$602.47
L4020		Y	Replace quadrilateral socket brim, molded to patient model	\$721.32
L4030		Y	Replace quadrilateral socket brim, custom fitted	\$497.38
L4040		Y	Replace molded thigh lacer	\$409.70
L4045		Y	Replace nonmolded thigh lacer	\$249.09
L4050		Y	Replace molded calf lacer	\$374.43
L4055		Y	Replace nonmolded calf lacer	\$204.14
L4060		Y	Replace high roll cuff	\$304.16
L4070		Y	Replace proximal and distal upright for KAFO	\$250.75
L4080		Y	Replace metal bands KAFO, proximal thigh	\$90.17
L4090		Y	Replace metal bands KAFO–AFO, calf or distal thigh	\$90.56
L4100		Y	Replace leather cuff KAFO, proximal thigh	\$104.69
L4110		Y	Replace leather cuff KAFO–AFO, calf or distal thigh	\$85.11
L4130		Y	Replace pretibial shell	\$497.96
L4205	Y	Y	Repair of orthotic device, labor component, per 15 minutes	\$17.30
L4210	Y	Y	Repair of orthotic device, repair or replace minor parts	BR
L4350		***	Pneumatic ankle control splint (e.g., aircast), prefabricated, includes fitting and adjustments	\$74.10

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>April 1, 2004 Medicaid Max. Allow.</u>
L4360	Y		Pneumatic ankle foot orthosis, with or without joints, prefabricated, includes fitting and adjustments	\$277.90
L4370	Y	***	Pneumatic full leg splint (e.g., aircast), prefabricated, includes fitting and adjustments	\$189.48
L4380		***	Pneumatic knee splint (e.g., aircast), prefabricated, includes fitting and adjustments	\$103.70
L4386	Y	*** On-line correction 04-20-04	Non-pneumatic walking splint, with or without joints, prefabricated, includes fitting and adjustments	BR
L4392			Replacement soft interface material, static AFO	#
L4394			Replace soft interface material, foot drop splint	#
L4396	Y		Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment	\$129.66
L4398			Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment	#
L5000		Y	Partial foot, shoe insert with longitudinal arch, toe filler	\$405.20
L5010		Y	Partial foot, molded socket, ankle height, with toe filler	\$976.35
L5020		Y	Partial foot, molded socket, tibial tubercle height, with toe filler	\$1,810.65
L5050		Y	Ankle, Symes, molded socket, SACH Foot	\$2,161.80
L5060	Y	Y	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	\$2,868.66
L5100		Y	Below knee, molded socket, shin, SACH foot	\$2,240.73

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L5105	Y	Y	Below knee, plastic socket, joints and thigh lacer, SACH foot	\$3,162.42
L5150	Y	Y	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	\$3,269.91
L5160	Y	Y	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	\$3,989.39
L5200		Y	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	\$3,266.78
L5210		Y	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each	\$2,594.72
L5220	Y	Y	Above knee, short prosthesis, no knee joint ("stubbies"), with articulated ankle/foot, dynamically aligned, each	\$2,949.37
L5230	Y	Y	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	\$3,944.60
L5250	Y	Y	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	\$5,133.11
L5270	Y	Y	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	\$5,499.47
L5280	Y	Y	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	\$5,444.47
L5301		Y	Below knee, molded socket, shin, SACH foot, endoskeletal system	\$2,246.78

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L5311		Y	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system	\$3,527.05
L5321		Y	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	\$3,470.89
L5331			Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	\$4,924.78
L5341			Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	\$5,140.13
L5400			Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	\$1,072.47
L5410		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	\$412.25
L5420		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change "AK" or knee disarticulation	\$1,295.39
L5430		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each additional cast change and realignment	\$404.33
L5450		Y	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee	\$353.84

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L5460		Y	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee	\$468.51
L5500		Y	Initial, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	\$1,029.99
L5505	Y	Y	Initial, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed	\$1,394.88
L5510		Y	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model. (Limit one per client per lifetime per limb.)	\$1,265.14
L5520		Y	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed. (Limit one per client per lifetime per limb.)	\$1,153.27
L5530	Y	Y	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	\$1,609.41
L5535	Y	Y	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket.	\$1,662.40
L5540	Y	Y	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	\$1,774.39
L5560	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	\$1,733.49

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L5570	Y	Y	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	\$1,823.29
L5580	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	\$2,088.71
L5585	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	\$2,314.99
L5590	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	\$2,026.68
L5595	Y	Y	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	\$3,620.26
L5600	Y	Y	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	\$4,563.08
L5610	Y	Y	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	\$2,130.15
L5611	Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with friction swing phase control	\$1,414.90
L5613	Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with hydraulic swing phase control	\$1,965.38
L5614	Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with pneumatic swing phase control	\$1,328.51

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L5616		Y	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	\$1,089.20
L5617		Y	Addition to lower extremity, quick change self-aligning unit, above or below knee, each	\$440.50
L5618		Y	Addition to lower extremity, test socket, Symes	\$250.52
L5620		Y	Addition to lower extremity, test socket, below knee	\$237.89
L5622		Y	Addition to lower extremity, test socket, knee disarticulation	\$335.50
L5624		Y	Addition to lower extremity, test socket, above knee	\$302.05
L5626		Y	Addition to lower extremity, test socket, hip disarticulation	\$438.52
L5628		Y	Addition to lower extremity, test socket, hemipelvectomy	\$484.88
L5629		Y	Addition to lower extremity, below knee, acrylic socket	\$254.87
L5630		Y	Addition to lower extremity, Symes type, expandable wall socket	\$406.16
L5631		Y	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	\$357.37
L5632		Y	Addition to lower extremity, Symes type, "PTB" brim design socket	\$237.43
L5634		Y	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	\$282.85
L5636		Y	Addition to lower extremity, Symes type, medial opening socket	\$252.09




Prosthetic and Orthotic Devices

Procedure Code	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	April 1, 2004 Medicaid Max. Allow.
L5637		Y	Addition to lower extremity, below knee, total contact	\$238.76
L5638	Y	Y	Addition to lower extremity, below knee, leather socket	\$442.43
L5639	Y	Y	Addition to lower extremity, below knee, wood socket	\$1,013.41
L5640	Y	Y	Addition to lower extremity, knee disarticulation, leather socket	\$671.18
L5642	Y	Y	Addition to lower extremity, above knee, leather socket	\$662.50
L5643	Y	Y	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	\$1,432.92
L5644	Y	Y	Addition to lower extremity, above knee, wood socket	\$528.87
L5645	Y	Y	Addition to lower extremity, below knee, flexible inner socket, external frame	\$639.88
L5646	Y	Y	Addition to lower extremity, below knee, air cushion socket	\$470.37
L5647	Y	Y	Addition to lower extremity, below knee, suction socket	\$637.93
L5648	Y	Y	Addition to lower extremity, above knee, air cushion socket	\$528.00
L5649		Y	Addition to lower extremity, ischial containment/narrow M-L socket	\$1,614.01
L5650		Y	Addition to lower extremity, total contact, above knee or knee disarticulation socket	\$460.24
L5651		Y	Addition to lower extremity, above knee, flexible inner socket, external frame	\$963.10


Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L5652		Y	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	\$349.64
L5653		Y	Addition to lower extremity, knee disarticulation, expandable wall socket	\$573.65
L5654		Y	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	\$310.70
L5655		Y	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	\$278.40
L5656		Y	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	\$396.66
L5658	Y	Y	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	\$388.79
L5661	Y	Y	Addition to lower extremity, socket insert, multidurometer, Symes	\$488.03
L5665		Y	Addition to lower extremity, socket insert, multidurometer, below knee	\$410.63
L5666		Y	Addition to lower extremity, below knee, cuff suspension	\$56.97
L5668		Y	Addition to lower extremity, below knee, molded distal cushion	\$89.98
L5670		Y	Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)	\$237.53
L5671		Y	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	\$531.87

Prosthetic and Orthotic Devices

				April 1, 2004 Medicaid Max. Allow.
Procedure Code	P.A.	Licensure	Description	
L5672		Y	Addition to lower extremity, below knee, removable medial brim suspension	\$258.78
L5673 	Y	Y	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism (replaced code K0556)	\$574.46
L5674		Y	Addition to lower extremity, below knee, suspension sleeve, any material, each	\$51.26
L5675		Y	Addition to lower extremity, below knee, suspension sleeve, heavy duty, any material, each	\$69.48
L5676		Y	Addition to lower extremity, below knee, knee joints, single axis, pair	\$338.54
L5677	Y	Y	Addition to lower extremity, below knee, knee joints, polycentric, pair	\$430.96
L5678		Y	Addition to lower extremity, below knee, joint covers, pair	\$37.95
L5679 		Y	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism (replaced code K0557)	\$478.72
L5680		Y	Addition to lower extremity, below knee, thigh lacer, nonmolded	\$284.33
L5681 	Y	Y	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) (replaced code K0558)	\$1,035.59

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L5682	Y	Y	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	\$507.06
L5683 	Y	Y	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) (replaced code K0559)	\$1,035.59
L5684		Y	Addition to lower extremity, below knee, fork strap	\$51.46
L5686		Y	Addition to lower extremity, below knee, back check (extension control)	\$51.12
L5688		Y	Addition to lower extremity, below knee, waist belt, webbing	\$55.96
L5690		Y	Addition to lower extremity, below knee, waist belt, padded and lined	\$85.11
L5692		Y	Addition to lower extremity, above knee, pelvic control belt, light	\$125.06
L5694		Y	Addition to lower extremity, above knee, pelvic control belt, padded and lined	\$193.23
L5695		Y	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	\$130.79
L5696		Y	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	\$197.84
L5697		Y	Addition to lower extremity, above knee or knee disarticulation, pelvic band	\$85.84
L5698		Y	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	\$100.29

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L5699		Y	All lower extremity prostheses, shoulder harness	\$197.13
L5700		Y	Replacement, socket, below knee, molded to patient model. (Limit one per client per year.)	\$2,928.30
L5701		Y	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model. (Limit one per client per year.)	\$3,558.50
L5702	Y	Y	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	\$4,261.00
L5704	Y	Y	Custom shaped protective cover, below knee	\$489.05
L5705	Y	Y	Custom shaped protective cover, above knee	\$802.86
L5706	Y	Y	Custom shaped protective cover, knee disarticulation	\$795.73
L5707	Y	Y	Custom shaped protective cover, hip disarticulation	\$1,131.18
L5710		Y	Addition, exoskeletal knee-shin system, single axis, manual lock	\$364.90
L5711		Y	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	\$493.99
L5712		Y	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	\$443.47
L5714		Y	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	\$335.44
L5716	Y	Y	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	\$584.51
L5718	Y	Y	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	\$730.57

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L5722		Y	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	\$850.64
L5724	Y	Y	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	\$1,288.05
L5726	Y	Y	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	\$1,558.83
L5728	Y	Y	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	\$2,074.60
L5780		Y	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	\$916.18
L5781	Y	Y	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	\$3,150.08
L5782	Y	Y	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	BR
L5785		Y	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	\$497.75
L5790		Y	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	\$599.31
L5795		Y	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium carbon fiber or equal)	\$861.07
L5810		Y	Addition, endoskeletal knee-shin system, single axis, manual lock	\$445.88
L5811		Y	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	\$584.89

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L5812		Y	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	\$506.19
L5814	Y	Y	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	\$2,923.91
L5816		Y	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	\$682.03
L5818		Y	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	\$770.15
L5822		Y	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	\$1,365.67
L5824		Y	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	\$1,229.87
L5826	Y	Y	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	\$2,554.04
L5828	Y	Y	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	\$2,264.70
L5830	Y	Y	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	\$1,974.64
L5840	Y	Y	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	\$3,236.89
L5845			Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	#
L5846			Addition, endoskeletal knee-shin system, microprocessor control feature, swing phase only	#

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L5847			Addition, endoskeletal knee-shin system, microprocessor control feacture, stance phase	#
L5848	Y	Y	Addition to, endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, adjustable	\$846.60
L5850		Y	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	\$102.59
L5855		Y	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	\$330.23
L5910		Y	Addition, endoskeletal system, below knee, alignable system	\$290.45
L5920		Y	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	\$425.51
L5925		Y	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	\$349.76
L5930			Addition, endoskeletal system, high activity knee control frame	#
L5940	Y	Y	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	\$500.15
L5950	Y	Y	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	\$718.91
L5960	Y	Y	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	\$821.68
L5962	Y	Y	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	\$628.52

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L5964	Y	Y	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	\$904.80
L5966	Y	Y	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	\$1,173.04
L5968	Y	Y	Addition to lower limb prosthesis, multiaxial ankle with swing phase action dorsiflexion feature	\$2,860.96
L5970	Y	Y	All lower extremity prostheses, foot, external keel, SACH foot	\$196.72
L5972		Y	All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal)	\$314.39
L5974		Y	All lower extremity prostheses, foot, single axis ankle/foot	\$249.17
L5975		Y	All lower extremity prosthesis, combination single axis and flexible keel foot	\$364.98
L5976		Y	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	\$502.06
L5978		Y	All lower extremity prostheses, foot, multi-axial ankle/foot	\$283.75
L5979	Y	Y	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	\$2,417.33
L5980	Y	Y	All lower extremity prostheses, flex-foot system	\$3,251.18
L5981	Y	Y	All lower extremity prostheses, flex-walk system or equal	\$2,626.94
L5982	Y	Y	All exoskeletal lower extremity prostheses, axial rotation unit	\$612.83
L5984	Y	Y	All endoskeletal lower extremity prostheses, axial rotation unit	\$579.36

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L5985	Y	Y	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	\$222.32
L5986	Y	Y	All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)	\$613.20
L5987			All lower extremity prostheses, shank foot system with vertical loading pylon	#
L5988	Y	Y	Addition to lower limb prosthesis, vertical shock reducing pylon feature	\$1,572.78
L5989			Addition to lower extremity prosthesis, endoskeletal system, pylon with integrated electronic force sensors	#
L5990	Y	Y	Addition to lower extremity prosthesis, user adjustable heel height	\$1,428.31
L5995	Y	Y	Addition to lower extremity prosthesis, heavy duty feature (for patient weight > 300 lbs)	B.R.
L5999	Y	Y	Lower extremity prosthesis, not otherwise specified	B.R.
L6000	Y	Y	Partial hand, Robin-Aids, thumb remaining (or equal)	\$1,420.76
L6010	Y	Y	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)	\$1,581.07
L6020	Y	Y	Partial hand, Robin-Aids, no finger remaining (or equal)	\$1,474.10
L6025	Y	Y	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device.	\$6,300.21
L6050		Y	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	\$1,741.15

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L6055	Y	Y	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	\$2,599.80
L6100		Y	Below elbow, molded socket, flexible elbow hinge, triceps pad	\$1,875.45
L6110		Y	Below elbow, molded socket (Muenster or Northwestern suspension types)	\$1,912.82
L6120	Y	Y	Below elbow, molded double wall split socket, step-up hinges, half cuff	\$2,405.32
L6130	Y	Y	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	\$2,768.09
L6200		Y	Elbow disarticulation, molded socket, outside locking hinge, forearm	\$2,840.81
L6205	Y	Y	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	\$3,559.11
L6250		Y	Above elbow, molded double wall socket, internal locking elbow, forearm	\$2,649.24
L6300		Y	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	\$3,726.51
L6310	Y	Y	Shoulder disarticulation, passive restoration (complete prosthesis)	\$3,093.31
L6320	Y	Y	Shoulder disarticulation, passive restoration (shoulder cap only)	\$1,370.51
L6350	Y	Y	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	\$4,188.33
L6360	Y	Y	Interscapular thoracic, passive restoration (complete prosthesis)	\$3,405.88

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L6370	Y	Y	Interscapular thoracic, passive restoration (shoulder cap only)	\$1,628.86
L6380		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	\$1,096.66
L6382		Y	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	\$1,291.03
L6384		Y	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	\$1,634.44
L6386		Y	Immediate postsurgical or early fitting, each additional cast change and realignment	\$370.20
L6388		Y	Immediate postsurgical or early fitting, application of rigid dressing only	\$406.89
L6400		Y	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	\$2,076.28
L6450	Y	Y	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	\$2,818.52
L6500		Y	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	\$2,850.73
L6550		Y	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	\$3,813.47

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L6570		Y	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	\$4,250.91
L6580	Y	Y	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, molded to patient model	\$1,444.62
L6582	Y	Y	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, direct formed	\$1,148.00
L6584	Y	Y	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model	\$1,950.52
L6586	Y	Y	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, direct formed	\$1,667.02
L6588	Y	Y	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model	\$2,822.59
L6590	Y	Y	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, direct formed	\$2,600.80

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L6600		Y	Upper extremity additions, polycentric hinge, pair	\$162.99
L6605		Y	Upper extremity additions, single pivot hinge, pair	\$153.77
L6610		Y	Upper extremity additions, flexible metal hinge, pair	\$140.25
L6615		Y	Upper extremity addition, disconnect locking wrist unit	\$171.39
L6616		Y	Upper extremity addition, additional disconnect insert for locking wrist unit, each	\$62.46
L6620		Y	Upper extremity addition, flexion-friction wrist unit	\$268.45
L6623	Y	Y	Upper extremity addition, spring assisted rotational wrist unit with latch release	\$577.50
L6625	Y	Y	Upper extremity addition, rotational wrist unit with cable lock	\$493.89
L6628		Y	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	\$463.82
L6629		Y	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	\$117.55
L6630		Y	Upper extremity addition, stainless steel, any wrist	\$172.84
L6632		Y	Upper extremity addition, latex suspension sleeve, each	\$52.10
L6635		Y	Upper extremity addition, lift assist for elbow	\$151.52
L6637	Y	Y	Upper extremity addition, nudge control elbow lock	\$348.46

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L6638	Y	Y	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	\$1,968.81
L6640	Y	Y	Upper extremity additions, shoulder abduction joint, pair	\$276.29
L6641	Y	Y	Upper extremity addition, excursion amplifier, pulley type	\$137.71
L6642	Y	Y	Upper extremity addition, excursion amplifier, lever type	\$186.26
L6645		Y	Upper extremity addition, shoulder flexion-abduction joint, each	\$317.93
L6646	Y	Y	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	\$2,483.11
L6647		Y	Upper extremity addition, shoulder lock mechanism, body powered actuator	\$408.79
L6648	Y	Y	Upper extremity addition, shoulder lock mechanism, external powered actuator	\$2,560.98
L6650		Y	Upper extremity addition, shoulder universal joint, each	\$274.20
L6655		Y	Upper extremity addition, standard control cable, extra	\$80.32
L6660		Y	Upper extremity addition, heavy duty control cable	\$85.04
L6665		Y	Upper extremity addition, Teflon, or equal, cable lining	\$39.54
L6670		Y	Upper extremity addition, hook to hand, cable adapter	\$40.89

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L6672		Y	Upper extremity addition, harness, chest or shoulder, saddle type	\$155.24
L6675		Y	Upper extremity addition, harness, figure of eight type, for single control	\$96.31
L6676		Y	Upper extremity addition, harness, figure of eight type, for dual control	\$118.41
L6680		Y	Upper extremity addition, test socket, wrist disarticulation or below elbow	\$190.79
L6682		Y	Upper extremity addition, test socket, elbow disarticulation or above elbow	\$242.72
L6684		Y	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	\$371.93
L6686		Y	Upper extremity addition, suction socket	\$533.19
L6687		Y	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	\$462.58
L6688		Y	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	\$566.45
L6689	Y	Y	Upper extremity addition, frame type socket, shoulder disarticulation	\$693.30
L6690	Y	Y	Upper extremity addition, frame type socket, interscapular-thoracic	\$735.26
L6691	Y	Y	Upper extremity addition, removable insert, each	\$318.08
L6692	Y	Y	Upper extremity addition, silicone gel insert or equal, each	\$448.49
L6693	Y	Y	Upper extremity addition, external locking elbow, forearm counterbalance	\$2,235.13
L6700		Y	Terminal device, hook, Dorrance or equal, model #3	\$473.81

Prosthetic and Orthotic Devices

Procedure Code	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	April 1, 2004 Medicaid Max. Allow.
L6705		Y	Terminal device, hook, Dorrance or equal, model #5	\$265.56
L6710		Y	Terminal device, hook, Dorrance or equal, model #5X	\$318.59
L6715		Y	Terminal device, hook, Dorrance or equal, model #5XA	\$315.16
L6720	Y	Y	Terminal device, hook, Dorrance or equal, model #6	\$684.17
L6725		Y	Terminal device, hook, Dorrance or equal, model #7	\$351.05
L6730		Y	Terminal device, hook, Dorrance or equal, model #7LO	\$563.62
L6735		Y	Terminal device, hook, Dorrance or equal, model #8	\$298.56
L6740		Y	Terminal device, hook, Dorrance or equal, model #8X	\$353.77
L6745		Y	Terminal device, hook, Dorrance or equal, model #88X	\$323.99
L6750		Y	Terminal device, hook, Dorrance or equal, model #10P	\$336.31
L6755		Y	Terminal device, hook, Dorrance or equal, model #10X	\$336.24
L6765		Y	Terminal device, hook, Dorrance or equal, model #12P	\$344.41
L6770		Y	Terminal device, hook, Dorrance or equal, model #99X	\$336.68
L6775		Y	Terminal device, hook, Dorrance or equal, model #555	\$365.79

Prosthetic and Orthotic Devices

Procedure Code	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	April 1, 2004 Medicaid Max. Allow.
L6780		Y	Terminal device, hook, Dorrance or equal, model #SS555	\$406.28
L6790		Y	Terminal device, hook, Accu hook or equal	\$362.38
L6795	Y	Y	Terminal device, hook, 2 load or equal	\$1,141.63
L6800	Y	Y	Terminal device, hook, APRL VC or equal	\$901.84
L6805		Y	Terminal device, modifier wrist flexion unit	\$339.19
L6806	Y	Y	Terminal device, hook, TRS Grip, Grip III, VC, or equal	\$1,273.30
L6807	Y	Y	Terminal device, hook, Grip I, Grip II, VC, or equal	\$1,139.43
L6808	Y	Y	Terminal device, hook, TRS Adept, infant or child, VC, or equal	\$981.41
L6809	Y	Y	Terminal device, hook, TRS Super Sport, passive	\$297.57
L6810	Y	Y	Terminal device, pincher tool, Otto Bock or equal	\$160.50
L6825	Y	Y	Terminal device, hand, Dorrance, VO	\$977.93
L6830	Y	Y	Terminal device, hand, APRL, VC	\$1,252.32
L6835	Y	Y	Terminal device, hand, Sierra, VO	\$1,136.03
L6840	Y	Y	Terminal device, hand, Becker Imperial	\$749.59
L6845	Y	Y	Terminal device, hand, Becker Lock Grip	\$709.73
L6850	Y	Y	Terminal device, hand, Becker Plylite	\$626.14
L6855	Y	Y	Terminal device, hand, Robin-Aids, VO	\$728.17
L6860	Y	Y	Terminal device, hand, Robin-Aids, VO soft	\$595.59
L6865	Y	Y	Terminal device, hand, passive hand	\$265.06

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L6867	Y	Y	Terminal device, hand, Detroit Infant Hand (mechanical)	\$985.27
L6868		Y	Terminal device, hand, passive infant hand, Steeper, Hosmer or equal	\$222.10
L6870		Y	Terminal device, hand, child mitt	\$215.37
L6872	Y	Y	Terminal device, hand, NYU child hand	\$819.25
L6873	Y	Y	Terminal device, hand, mechanical infant hand, Steeper or equal	\$375.16
L6875	Y	Y	Terminal device, hand, Bock, VC	\$751.79
L6880		Y	Terminal device, hand, Bock, VO	\$475.42
L6881	Y	Y	Automatic grasp feature, addition to upper limb prosthetic terminal device	\$3,218.65
L6882	Y	Y	Microprocessor control feature, addition to upper limb prosthetic terminal device	\$2,441.49
L6890		Y	Terminal device, glove for above hands, production glove	\$148.92
L6895	Y	Y	Terminal device, glove for above hands, custom glove	\$497.18
L6900	Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	\$1,557.21
L6905	Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	\$1,569.94
L6910	Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	\$1,288.51
L6915	Y	Y	Hand restoration (shading and measurements included), replacement glove for above	\$582.32

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L6920	Y	Y	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$6,240.39
L6925	Y	Y	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$6,824.77
L6930	Y	Y	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$6,770.76
L6935	Y	Y	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$7,155.73
L6940	Y	Y	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$8,106.51
L6945	Y	Y	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$8,981.97
L6950	Y	Y	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$8,467.00

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L6955	Y	Y	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal, electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$9,578.33
L6960	Y	Y	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$10,431.89
L6965	Y	Y	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$11,780.55
L6970	Y	Y	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$11,696.65
L6975	Y	Y	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$12,815.82
L7010	Y	Y	Electronic hand, Otto Bock, Steeper or equal, switch controlled	\$2,957.89
L7015	Y	Y	Electronic hand, System Teknik, Variety Village or equal, switch controlled	\$4,868.05

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L7020	Y	Y	Electronic greifer, Otto Bock or equal, switch controlled	\$2,892.44
L7025	Y	Y	Electronic hand, Otto Bock or equal, myoelectronically controlled	\$2,792.64
L7030	Y	Y	Electronic hand, System Teknik, Variety Village or equal, myoelectronically controlled	\$4,836.56
L7035	Y	Y	Electronic greifer, Otto Bock or equal, myoelectronically controlled	\$3,033.24
L7040	Y	Y	Prehensile actuator, Hosmer or equal, switch controlled	\$2,415.57
L7045	Y	Y	Electronic hook, child, Michigan or equal, switch controlled	\$1,296.25
L7170	Y	Y	Electronic elbow, Hosmer or equal, switch controlled	\$4,896.90
L7180	Y	Y	Electronic elbow, Boston, Utah or equal, myoelectronically controlled	\$29,382.25
L7185	Y	Y	Electronic elbow, adolescent, Variety Village or equal, switch controlled	\$5,143.59
L7186	Y	Y	Electronic elbow, child, Variety Village or equal, switch controlled	\$7,093.85
L7190	Y	Y	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	\$6,389.90
L7191	Y	Y	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	\$7,412.66
L7260	Y	Y	Electronic wrist rotator, Otto Bock or equal	\$1,820.28
L7261	Y	Y	Electronic wrist rotator, for Utah arm	\$3,815.05
L7266	Y	Y	Servo control, Steeper or equal	\$794.01
L7272	Y	Y	Analogue control, UNB or equal	\$1,912.07

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L7274	Y	Y	Proportional control, 6-12 volt, Liberty, Utah or equal	\$5,704.86
L7360	Y	Y	Six volt battery, Otto Bock or equal, each	\$212.85
L7362	Y	Y	Battery charger, six volt, Otto Bock or equal	\$220.62
L7364	Y	Y	Twelve volt battery, Utah or equal, each	\$417.90
L7366	Y	Y	Battery charger, twelve volt, Utah or equal	\$540.16
L7367	Y	Y	Lithium ion battery, replacement	\$306.51
L7368	Y	Y	Lithium ion battery charger	\$397.34
L7499	Y	Y	Upper extremity prosthesis, not otherwise specified	B.R.
L7500	Y	Y	Repair of prosthetic device, hourly rate	#
L7510	Y	Y	Repair prosthetic device, repair or replace minor parts	B.R.
L7520	Y	Y	Repair of prosthetic device, labor component, per 15 minutes	\$24.54
L7900			Vacuum erection system	#
L8000		***	Breast prosthesis, mastectomy bra	\$33.13
L8001		***	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral <i>Not allowed with L8020 or L8030.</i>	\$98.74
L8002		***	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral <i>Not allowed with L8020 or L8030.</i>	\$129.88
L8010		***	Breast prosthesis, mastectomy sleeve	\$57.97
L8015		***	External breast prosthesis garment, with mastectomy form, post mastectomy	\$49.01

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L8020		***	Breast prosthesis, mastectomy form	\$193.22
L8030		***	Breast prosthesis, silicone or equal	\$253.01
L8035			Custom breast prosthesis, post mastectomy, molded to patient model	#
L8039	Y		Breast prosthesis, not otherwise specified	B.R.
L8040			Nasal prosthesis, provided by a non-physician	#
L8041			Midfacial prosthesis, provided by a non-physician	#
L8042			Orbital prosthesis, provided by a non-physician	#
L8043			Upper facial prosthesis, provided by a non-physician	#
L8044			Hemi-facial prosthesis, provided by a non-physician	#
L8045			Auricular prosthesis, provided by a non-physician	#
L8046			Partial facial prosthesis, provided by a non-physician	#
L8047			Nasal septal prosthesis, provided by a non-physician	#
L8048			Unspecified maxillofacial prosthesis, by report, provided by a non-physician	#
L8049			Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician	#
L8100			Gradient compression stocking, below knee, 18- 30 mmhg, each	#
L8110			Gradient compression stocking, below knee, 30- 40 mmhg, each	#

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L8120			Gradient compression stocking, below knee, 40-50 mmhg, each	#
L8130			Gradient compression stocking, thigh length, 18-30 mmhg, each	#
L8140			Gradient compression stocking, thigh length, 30-40 mmhg, each	#
L8150			Gradient compression stocking, thigh length, 40-50 mmhg, each	#
L8160			Gradient compression stocking, full length/chap style, 18-30 mmhg, each	#
L8170			Gradient compression stocking, full length/chap style, 30-40 mmhg, each	#
L8180			Gradient compression stocking, full length/chap style, 40-50 mmhg, each	#
L8190			Gradient compression stocking, waist length, 18-30 mmhg, each	#
L8195			Gradient compression stocking, waist length, 30-40 mmhg, each	#
L8200			Gradient compression stocking, waist length, 40-50 mmhg, each	#
L8210			Gradient compression stocking, custom made	#
L8220			Gradient compression stocking, lymphedema	#
L8230			Gradient compression stocking, garter belt	#
L8239			Gradient compression stocking, not otherwise specified	#
L8300		***	Truss, single with standard pad	\$84.05
L8310		***	Truss, double with standard pads	\$117.72

Prosthetic and Orthotic Devices

Procedure Code	P.A.	Licensure	Description	April 1, 2004 Medicaid Max. Allow.
L8320		***	Truss, addition to standard pad, water pad	\$44.82
L8330		***	Truss, addition to standard pad, scrotal pad	\$39.59
L8400		Y	Prosthetic sheath, below knee, each	\$14.88
L8410		Y	Prosthetic sheath, above knee, each	\$21.20
L8415		Y	Prosthetic sheath, upper limb, each	\$21.77
L8417		Y	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	\$59.20
L8420		Y	Prosthetic sock, multiple ply, below knee, each	\$16.10
L8430		Y	Prosthetic sock, multiple ply, above knee, each	\$18.38
L8435		Y	Prosthetic sock, multiple ply, upper limb, each	\$22.48
L8440		Y	Prosthetic shrinker, below knee, each	\$33.54
L8460		Y	Prosthetic shrinker, above knee, each	\$69.99
L8465		Y	Prosthetic shrinker, upper limb, each	\$39.12
L8470		Y	Prosthetic sock, single ply, fitting, below knee, each	\$5.35
L8480		Y	Prosthetic sock, single ply, fitting, above knee, each	\$9.84
L8485		Y	Prosthetic sock, single ply, fitting, upper limb, each	\$11.53
L8490	Y	Y	Addition to prosthetic sheath/sock, air seal suction retention system	\$120.13
L8499	Y	Y	Unlisted procedure for miscellaneous prosthetic services	B.R.
L8500			Artificial larynx, any type	#
L8501			Tracheostomy speaking valve	#

Prosthetic and Orthotic Devices

				April 1, 2004
<u>Procedure</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid</u>
<u>Code</u>				<u>Max. Allow.</u>
L8505			Artificial larynx replacement battery/accessory, any type	#
L8507			Tracheo-esophageal voice prosthesis, patient inserted, any type, each	#
L8509			Tracheal-esophageal voice prosthesis, inserted by a licensed health care provider, any type	#
L8510			Voice amplifier	#
L8511			Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	#
L8512			Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	#
L8513			Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	#
L8514			Tracheoesophageal puncture dilator, replacement only, each	#
L8600			Implantable breast prosthesis, silicone or equal	#
L8603			Injectable bulking agent, collagen implant, urinary tract, per 2.5 ml syringe, includes shipping and necessary supplies	#
L8606			Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	#
L8610			Ocular Implant	#
L8612			Aqueous shunt	#
L8613			Ossicular implant	#
L8614			Cochlear device/system	#

Prosthetic and Orthotic Devices

				April 1, 2004
<u>Procedure</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid</u>
<u>Code</u>				<u>Max. Allow.</u>
L8619			Cochlear implant external speech processor, replacement	#
L8630			Metacarpophalangeal joint implant	#
L8631			Metacarpal phalangeal joint replacement, two or more pieces, metal(e.g., stainless steel or cobalt chrome), ceramic-like material(e.g., pyrocarbon), for surgical implantation(all sizes, includes entire system)	#
L8641			Metatarsal joint implant	#
L8642			Hallux implant	#
L8658			Interphalangeal joint implant	#
L8659			Interphalangeal finger joint replacement, two or more pieces, metal(e.g., stainless steel or cobalt chrome), ceramic-like material(e.g., pyrocarbon) for surgical implantation, any size.	#
L8670			Vascular graft material, synthetic, implant	#
L8699			Prosthetic implant, not otherwise specified	#
L9900			Orthotic and prosthetic supply, accesory, and/or service component of another HCPCS L code.	#
V2623			Prosthetic eye, plastic, custom	\$862.80
V2624			Polishing/resurfacing of ocular prosthesis	\$65.09
V2625			Enlargement of ocular prosthesis	\$395.77
V2626			Reduction of ocular prosthesis	\$213.33
V2627			Scleral cover shell	\$1,377.82
V2628			Fabrication and fitting of ocular conformer	\$325.33
V2629	Y		Prosthetic eye, other type	B.R.

10. **Is Patient's Condition Related To:** Required. Check *yes* or *no* to indicate whether employment, auto accident or other accident involvement applies to one or more of the services described in *field 24*. ***Indicate the name of the coverage source in field 10d*** (L&I, name of insurance company, etc.).
11. **Insured's Policy Group or FECA (Federal Employees Compensation Act) Number:** Primary insurance. When applicable. This information applies to the insured person listed in *field 4*. Enter the insured's policy and/or group number and his/her social security number. The data in this field will indicate that the client has other insurance coverage and MAA pays as payor of last resort.
- 11a. **Insured's Date of Birth:** Primary insurance. When applicable, enter the insured's birthdate, if different from *field 3*.
- 11b. **Employer's Name or School Name:** Primary insurance. When applicable, enter the insured's employer's name or school name.
- 11c. **Insurance Plan Name or Program Name:** Primary insurance. When applicable, show the insurance plan or program name to identify the primary insurance involved. (*Note: This may or may not be associated with a group plan.*)
- 11d. **Is There Another Health Benefit Plan?:** Required if the client has secondary insurance. Indicate *yes* or *no*. If *yes*, you should have completed *fields 9a.-d*. If the client has insurance, and even if you know the insurance will not cover the service you are billing, you must check *yes*. If **11d.** is left blank, the claim may be processed and denied in error.
17. **Name of Referring Physician or Other Source:** When applicable, enter the referring physician or Primary Care Case Manager name.
- 17a. **I.D. Number of Referring Physician:** When applicable, 1) enter the seven-digit, MAA-assigned identification number of the provider who *referred or ordered* the medical service; **OR** 2) when the Primary Care Case Manager (PCCM) referred the service, enter his/her seven-digit identification number here. If the client is enrolled in a PCCM plan and the PCCM referral number is not in this field when you bill MAA, the claim will be denied.
19. **Reserved For Local Use:** When applicable, enter indicator **B** to indicate *Baby on Parent's PIC*. Please specify *twin A or B, triplet A, B, or C* here.
21. **Diagnosis or Nature of Illness or Injury:** When applicable, enter the appropriate diagnosis code(s) in areas 1, 2, 3, and 4. A valid ICD-9-CM code will be required. MAA no longer allows the use of an unspecified/dummy diagnosis code such as V58.9.

22. Medicaid Resubmission: When applicable. If the billing is resubmitted beyond the 365-day billing time limit, you must enter the ICN to verify that your claim was originally submitted within the time limit. (The ICN number is the *claim number* listed on the Remittance and Status Report.)

23. Prior Authorization/EPA Number: When applicable. If the service or equipment you are billing for requires authorization, enter the nine-digit number assigned to you. Use only one authorization number per claim.

24. Enter only one (1) procedure code per detail line (fields 24A - 24K). If you need to bill more than six (6) lines per claim, please use an additional HCFA-1500 claim form.

MAA does not accept "continued" claim forms. Each claim form must be totaled separately.

24A. Date(s) of Service: Required. Enter the "from" and "to" dates using all six digits for each date. Enter the month, day, and year of service numerically (e.g., November 4, 2001 = 110402). **Do not use slashes, dashes, or hyphens to separate month, day, year.**

24B. Place of Service: Required. These are the only appropriate code(s) for this billing instruction:

<u>Code Number</u>	<u>To Be Used For</u>
12	Home
13	Assisted Living Facility
31	Nursing Facility
32	Skilled Nursing Facility
99	Other place of service

24C. Type of Service: Not Required.

24D. Procedures, Services or Supplies HCPCS: Required. Enter the appropriate Centers for Medicare and Medicaid (CMS) (formerly known as HCFA) Common Procedure Coding System (HCPCS) or state-unique procedure code for the services being billed. **MODIFIER:** When appropriate enter a modifier.

24E. Diagnosis Code: Required. Enter the ICD-9-CM diagnosis code related to the procedure or service being billed (for each item listed in 24D). A diagnosis code is required for each service or line billed. Enter the code exactly as shown in ICD-9-CM. A valid ICD-9-CM code is required. MAA no longer allows the use of an unspecified/dummy diagnosis code such as V58.9.

- 9d. Enter the insurance plan name or the program name (e.g., the insured's health maintenance organization, or private supplementary insurance).

Please note: DSHS, Welfare, Provider Services, Healthy Kids, First Steps, Medicare, Indian Health, PCCM, Healthy Options, PCOP, etc., are inappropriate entries for this field.

10. **Is Patient's Condition Related To:**
Required. Check *yes* or *no* to indicate whether employment, auto accident or other accident involvement applies to one or more of the services described in *field 24*. ***Indicate the name of the coverage source in field 10d*** (L&I, name of insurance company, etc.).
11. **Insured's Policy Group or FECA (Federal Employees Compensation Act) Number:** Primary insurance. When applicable. This information applies to the insured person listed in *field 4*. Enter the insured's policy and/or group number and his/her social security number. The data in this field will indicate that the client has other insurance coverage and MAA pays as payer of last resort.
- 11a. **Insured's Date of Birth:**
Primary insurance. When applicable, enter the insured's birthdate, if different from *field 3*.
- 11b. **Employer's Name or School Name:**
Primary insurance. When applicable, enter the insured's employer's name or school name.

- 11c. **Insurance Plan Name or Program Name:** Primary insurance. When applicable, show the insurance plan or program name to identify the primary insurance involved. (*Note: This may or may not be associated with a group plan.*)
- 11d. **Is There Another Health Benefit Plan?:** Required if the client has secondary insurance. Indicate *yes* or *no*. If yes, you should have completed *fields 9a.-d*. If the client has insurance, and even if you know the insurance will not cover the service you are billing, you must check *yes*. **If 11d. is left blank, the claim may be processed and denied in error.**
19. **Reserved For Local Use - Required.** When Medicare allows services, enter *XO* to indicate this is a crossover claim.
22. **Medicaid Resubmission:** When applicable. If this billing is being resubmitted more than six (6) months from Medicare's paid date, enter the Internal Control Number (ICN) that verifies that your claim was originally submitted within the time limit. [The ICN number is the *claim number* listed on the Remittance Advice and Status Report (RA).] Also enter the three-digit denial Explanation of Benefits (EOB).
24. **Enter only one (1) procedure code per detail line (fields 24A - 24K).**
If you need to bill more than six (6) lines per claim, please use an additional HCFA-1500 claim form.

24A. Date(s) of Service: Required. Enter the "from" and "to" dates using all six digits for each date. Enter the month, day, and year of service numerically (e.g., September 4, 2001 = 090401). **Do not use slashes, dashes, or hyphens to separate month, day, or year (MMDDYY).**

24B. Place of Service: Required. These are the only appropriate code(s) for this billing instruction:

<u>Code Number</u>	<u>To Be Used For</u>
12	Home
13	Assisted Living Facility
31	Nursing Facility
32	Skilled Nursing Facility
99	Other place of service

24C. Type of Service: Not Required.

24D. Procedures, Services or Supplies HCPCS: Required. Enter the appropriate HCFA Common Procedure Coding System (HCPCS) procedure code for the services being billed. **MODIFIER:** When appropriate enter a modifier.

24E. Diagnosis Code: Enter appropriate diagnosis code for condition.

24F. \$ Charges: Required. **Enter the amount you billed Medicare for the service performed.** If more than one unit is being billed, the charge shown must be for the total of the units billed. Do not include dollar signs or decimals in this field. Do not add sales tax.

24G. Days or Units: Required. Enter the number of units billed and paid for by Medicare.

24K. Reserved for Local Use: Required. Use this field to show Medicare allowed charges. Enter the Medicare allowed charge on each detail line of the claim (see sample).

26. Your Patient's Account No.: Not required. Enter an alphanumeric ID number, for example, a medical record number or patient account number. This number will be printed on your Remittance Advice and Status Report (RA) under the heading *Patient Account Number*.

27. Accept Assignment: *Required.* Check **yes**.

28. Total Charge: Required. Enter the sum of your charges. Do not use dollar signs or decimals in this field.

29. Amount Paid: Required. Enter the Medicare Deductible here. Enter the amount as shown on Medicare's Remittance Notice and Explanation of Medicare Benefits (EOMB). If you have more than six (6) detail lines to submit, please use multiple HCFA-1500 claim forms (see field 24) and calculate the deductible based on the lines on each form. **Do not include coinsurance here.**